

BULK DISTRIBUTION CENTERS, INC.

POST OFFICE BOX 19022
LOUISVILLE, KENTUCKY 40219
(1-502) 968-4141

March 3, 1981

RECEIVED

MAR 6 1981

ENFORCEMENT DIVISION

Ms. Louise D. Jacobs
Director-Enforcement Division
United States Environmental
Protection Agency
324 East Eleventh St.
Kansas City, MO 64106

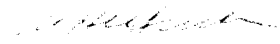
Dear Ms. Jacobs:

We filed the initial notification form in July 1980 because the terminal we operated at Kansas City could potentially handle hazardous materials.

On August 19th, we completed EPA General Form 1 on our Louisville site and forwarded it under the enclosed cover letter. I have not yet received a reply to that letter.

However, on December 31, 1980, we terminated operations as Bulk Distribution Centers, Inc. in Kansas City. Therefore, I assume you will cancel our EPA ID number for that location.

Very truly yours,


K. G. Helfrich
President

KGH:jj

Enc.

441344



RCRA RECORDS

(F)

BULK DISTRIBUTION CENTERS, INC.

POST OFFICE BOX 19022
LOUISVILLE, KENTUCKY 40219
(1-502) 968-4141

August 19, 1980

The Administrator
United States Environmental
Protection Agency
Washington, D. C. 20460

Dear Sir:

Enclosed is a completed EPA General Form 1 covering the transfer facility we own and operate at Louisville, Kentucky.

As shown, we answered NO to all questions in Part II and under your instructions, we do not have to submit this form. We have, however, just as a precaution. We have not submitted Form 3 because we do not process hazardous waste.

Bulk operates five facilities in its own name. If you feel this form should be completed for all locations, please advise and send additional forms.

Very truly yours,



K. G. Helfrich
President

KGH:jj

Enc.

cc: Mr. G. J. Weikofen

ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
GENERAL LABEL ITEMS		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME			
V. FACILITY MAILING ADDRESS			
VI. FACILITY LOCATION			
PLEASE PLACE LABEL IN THIS SPACE			

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		✓		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		✓	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		✓		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		✓	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		✓		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		✓	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		✓		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		✓	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		✓		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		✓	

II. NAME OF FACILITY

SKIP	BULK DISTRIBUTION CENTERS INC
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V. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
K G HELFRICH		502 968 4141	

F. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
PO BOX 19022		LOUISVILLE		KY	40219

I. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
1290 FERN VALLEY ROAD		EFFERSON		LOUISVILLE		KY	40219	

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
(specify)				(specify)			
C. THIRD				D. FOURTH			
(specify)				(specify)			

III. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
BULK DISTRIBUTION CENTERS INC												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)			
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										502 968 4141			
E. STREET OR P.O. BOX													
PO BOX 19022													
F. CITY OR TOWN										G. STATE		H. ZIP CODE	
LOUISVILLE										KY		40219	
IX. INDIAN LAND													
Is the facility located on Indian lands?													
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

BULK TRANSFER OF COMMODITIES FROM BULK RAIL CARS TO BULK HIGHWAY TRUCKS FOR SUBSEQUENT DELIVERY

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.											
A. NAME & OFFICIAL TITLE (type or print)						B. SIGNATURE				C. DATE SIGNED	

COMMENTS FOR OFFICIAL USE ONLY

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